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APPLICANTS

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****CONTINUING DATA *******

This application is a 371 of PCT/EP03/50932 12/03/2003

****FOREIGN APPLICATIONS *******

ITALY MI2002A002658 12/17/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ITALY	SHEETS DRAWING 0	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verifier and Acknowledged Examiner's Signature Initials				

ADDRESS

4372

TITLE

Drugs for chronic pain

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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